## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set furth in IC 5-2-15-3.

Date:	<u>09-24-</u> 2 <u>009</u>	Address:	<u>544 E 850 N</u>
Case #:	.16F19208		Wabash, In
County:	<u>Wa</u> b <u>ash</u>		
Type of Laboratory Scizure (check one)  Operational Lab Chemical/Glassware/Equipment (only)		Scizure Location (o	check all that apply)  Hotel/Motel  Open – No Structure
[] Dumpsi	te (only)	☐ Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):  Red Phosphorous/Iodine Reaction(s):  Flammable Solvents: Bath Room  Water Reactive Metal (Lithium):  Anhydrous Ammonia:  Hydrochloric Acid Gas Generator(s): Bath Room  Corrosive Acid: Bath Room  Corrosive Base:  Other (item and location):			
Child under age 18 discovered (check one)       Investigative Information         ☐ Yes (number present)       ☐ Ephcdrine/Pseudoephedrine Tracking Letter [Information]         ☐ No       ☐ Retail/Merchant Tip         %If yes, fax report to Child Protective Services       ☐ Other:			
	is to be faxed to the following agen	cies that serve the lo	cation;
	partment: N. Manchester Fax: 260-98		
Health Department: Wabash County		Fax: <u>260-56</u> Fax:	<u>3-0</u> 66 <u>1</u>
Child Proteer	tion Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Holeman</u> Phone <u>765-567-2125</u>			

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Pire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.